

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18342

1. PLACE OF DEATH

County Jackson Registration District No. 404
 49 Township Washington Primary Registration District No. 33-28
 City Beltan, Mo. (No.) St. Ward)

File No.
 Registered No. 91
 St. Ward)

2. FULL NAME Homer W. Warriner

(a) Residence. No. 4400 Washington St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>35</u>	<u>11</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cass County
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Wm. C. Warriner</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Johnson County</u> (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Hattie Gotten</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u> <u>2</u>

14. INFORMANT Wm. C. Warriner
 (Address) 4400 Washington

15. FILED 5-29-31 R.F. Romaine
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....
 that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Multiple Skull Fracture
169 (duration) ..f. yrs. mos. ds.
 CONTRIBUTORY Suicide (Firearm)
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) [Signature], M. D.
3/11, 1931 (Address) Indep-220

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Forest Hill Cemetery DATE OF BURIAL
5-18-31
 19

20. UNDERTAKER
R. V. Lindsey & Sons, Inc. ADDRESS
K.C.Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1931

